

Office of United States Representative

Stephanie Herseth Sandlin

South Dakota, At-Large



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Privacy Act Release Authorization

Full Name: _____

Address: _____

City State Zip

Telephone: Home: _____ Work: _____

Email: _____

Date: ____/____/____

To Whom It May Concern:

I am aware that the Privacy Act of 1974 prohibits the release of information without my permission. I, freely and willingly, authorize _____ to release information about me and discuss my situation with U.S. Representative Stephanie Herseth Sandlin and her staff. I understand that any and all documents and other information provided to the Office of U.S. Representative Stephanie Herseth Sandlin will remain strictly confidential and will be used only for the purposes of assisting me. I also understand that I may revoke this authorization at any time.

Sincerely,

X _____

Claim Numbers (if applicable):

Social Security Number: ____/____/____ Veteran Claim Number: _____

****Please return this completed and signed form to the office address listed above.**